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Date notice sent to all parties: 10/29/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injection (ESI) at C4-C5 and C5-C6 and eight sessions of physical therapy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.
Cervical ESI at C4-C5 and C5-C6 – Upheld
Eight sessions of physical therapy - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:
examined the patient on xxxxx. She was injured on XX/XX/XX when she and another X were assisting a X and the 300 pound X yanked herself back onto the X, facing the patient's arm and back. She felt a pull in her right shoulder and right upper and mid back. She had a delay in receiving therapy, as she had moved to Missouri. Her right shoulder was feeling better with no pain, but she had intermittent pain of the right upper and mid back rated at 7/10 without radiation. She was currently unemployed, but would be starting a new job soon. Cervical range of motion was normal and there was no spasm or tenderness. Sensory testing was normal and reflexes were also normal.

Trunk range of motion was reduced with pain and shoulder range of motion was normal on the right. The assessment was a thoracic strain. Naproxen and Flexeril were prescribed, as well as therapy. She was placed on modified duty. On xxxx, reexamined the patient. She was unchanged and she was taking her medications. Trunk range of motion was normal and she had pain to the right trapezius and mid and lower scapular region. Cervical range of motion was normal and there was no cervical tenderness. The assessment remained a thoracic strain. Naproxen, Flexeril, and therapy were continued, as well as modified duty. The patient attended therapy on xxx and xxxx. She received manual therapy and therapeutic exercises. As of xxx, she was 65% improved. On xxxx, followed-up with the patient on xxxx. She was improved and felt better. She had no pain at rest and she had been released from therapy, as she had met her goals. She was not currently taking any medications. She had mild pain to the right thoracic paraspinal region with full range of motion. Reflex testing was normal. The assessment was a thoracic strain. She was released from care that day. The patient then returned on xxx. She did have intermittent pain at the time of her discharge on xxxx, but she felt she could work through it; however, she stated her pain never went away and continued to be progressive. She now had constant, aching pain in the right upper and mid back rated at 10/10. She was currently working and taking Naproxen and Flexeril. Exam of the cervical spine revealed no swelling, deformity, or other abnormalities. Range of motion was normal and there was no cervical tenderness. Sensory and reflex testing were normal and trunk range of motion was normal. The assessment was a thoracic strain. She would be referred to physiatry and Naproxen and Flexeril were refilled. She was placed on modified duty, as well. examined the patient on xxxxx. She noted she was assisting a patient with walking and the patient fell on the patient's right arm. She had thoracic pain into the trapezius and neck. She did receive therapy and it nearly resolved, but in June, she was working and her pain returned with movement at work. She currently had pain in the mid upper back and right posterior shoulder. She denied numbness or radiation down her arm and was unsure if she had new weakness. Upper extremity reflexes were 2 and sensation was intact. Strength was 5/5 in the bilateral upper extremities with mild weakness in elbow flexion likely due to pain. Cervical range of motion was reduced 80-90% in turning to the right and 50-80% in extension and flexion. Spurling's was positive in the right thoracic area and caused some burning pain in the right superior and lateral shoulder. Cervical and thoracic x-rays that day were normal. felt the patient's complaints were similar to her previous ones and the differential was cervical radiculitis, which would be C5 and C6 versus myofascial pain in the scapular area. felt this was related to the original injury. A Medrol Dosepak was prescribed and she was asked to return in three weeks. If she was not improved, a cervical MRI would be recommended. On xxxxx, the patient returned. She was a little better with the Medrol Dosepak. She noted she had sharp shooting pain from the neck to the right posterior shoulder that was worse when she turned her head to the right that had been going on for several months. She denied weakness, but she did have radiation down the arm. Sensation was intact, strength was 5/5, and Spurling's was positive on the right. Physical therapy was again recommended, which was the standard of care for cervical radiculitis. A cervical MRI was recommended and performed on xxxxx. It revealed circumferential bulging annuli at C3-C4, C4-C5, and C5-C6 that caused effacement of the anterior thecal sac and abutment of the cord at C4-C5 and C5-C6. Neural encroachment was noted at C4-C5 and C5-C6. reviewed the MRI on xxxxx. Her symptoms were unchanged and she

noted she had a squeezing sensation in the right wrist and pain in the neck. Her examination was essentially unchanged. felt the patient had a C5 and C6 radiculitis and therapy was re-ordered. He also ordered a cervical epidural steroid injection (ESI) to help calm down some of her nerve root irritation. Modified duty and Flexeril were continued. On xxxx, a cervical ESI was requested and on xxxx, M.D., on behalf of xxxxx, provided a notice of adverse determination for the requested ESI at C4-C5 and C5-C6 and eight sessions of therapy. On xxxx, a reconsideration request was made for the cervical ESI and therapy. On xxxxx, also on behalf of xxxxx, provided another adverse determination for the requested ESI at C4-C5 and C5-C6 and the eight sessions of therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The ODG, at this time, does not recommend cervical ESIs, given the risk and the limited benefit. Even in the past ESIs have been recommended as an option for the treatment of radicular pain, which is not present in this patient. According to the ODG, while not recommended, cervical ESIs may be supported using Appendix D, Documenting Exceptions to the Guidelines, in which case:

(1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).

(3) Injections should be performed using fluoroscopy (live x-ray) for guidance

(4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.

(8) Repeat injections should be based on continued objective documented pain and function response.

(9) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

This patient is not complaining of radicular pain and the physical examination is normal with the exception of a “positive” Spurling’s sign without any explanation as to where the pain radiates. Her sensation was intact, upper extremity reflexes were normal, and strength was 5/5. Given the normal physical examination and the recommendations from the ODG, a cervical ESI is not indicated in this instance.

In regards to physical therapy, the patient had essentially a cervicothoracic sprain/strain. The ODG recommends 10 visits of physical therapy over eight weeks for a cervical sprain/strain. She has completed an appropriate number of physical therapy sessions. The ODG would not recommend any further sessions. The patient has

participated in several sessions of physical therapy and eight more are not indicated or medically necessary. Therefore, the cervical ESI at C4-C5 and C5-C6, as well as eight sessions of physical therapy are not appropriate or supported by the ODG and the previous adverse determinations should be upheld at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**